**HOME AND COMMUNITY CARE SUPPORT SERVICES**
South West

# Palliative Patient Status Update

| | |
|---|---|
| **NAME:**_____ | **CASELOAD:**_____ |
| **ADDRESS:** _____ | **HCN/BRN:** _____ |

**DATE *d/m/y*:**_____ **ATTENTION:** _____

**PPS%:**_ **Pain scale:** __/10

**Current Pain Regime:**

**Areas of Concern:**

**Suggestion of Treatment Orders:**

**Additional Information:**

**SIGNATURE:**_____ **DESIGNATION:**_____

**AGENCY**_____ **PHONE NUMBER:**_____

**RESPONSE OR ORDERS** Response Required: ☐ **YES** ☐ **NO**

**South West Home and Community Care Support Services Fax Number**: LME:519-472-3257; Oxford:519-539-6351;Huron-Perth:519-273-6454;Grey-Bruce:519-881-1425

**PLEASE FAX RESPONSE TO**:_____

**SIGNATURE:**_____ **DESIGNATION**: _____

**DATE:** *d/m/y*._____ **NEXT APPOINTMENT**:_____